MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5)

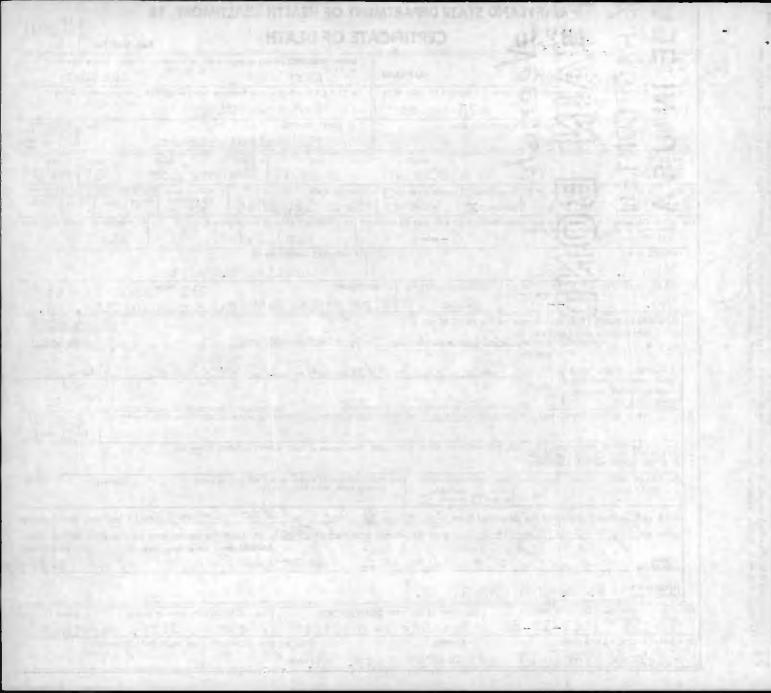
Rea. Dist. No.

											-	
1. PLACE o. COI	OF DEATH UNTY WO	rcester		MARYLAND	2. USUAL RESIDI	ryla		b. COUNT	44	orces		
RUR	Y OR TOWN (IF IAL and give ne OMOKE	outside corporate lim crest lown) City	ils, write	c. LENGTH OF STAY IN 16	1 - 2 3		oke C	rote limits, write	RURAL	and give no	earest tow	n)
d. NA 211	INSTITUTION	t Street	give street	oddress)	d. STREET AD		alnut	Stree	t		ON	SIDENCE A FARM?
3. NAME DECEA (Type o		LOL	A	MITCHELL	BLAD	ES	4. DATE OF DEATH	Novemb	er	D	17.	Yeor 19 60
5. SEX Fem-	ale	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	6, :	1866	9. AGE (In year lost birthday)	Mon	Ihs Days	R IF UND	ER 24 HRS. Min.
10a, USU. durin HO	AL OCCUPATION IS MOST WORK WILL	N (Give kind of working life, even if retired E	done 10b	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLA	CE (Stote	or foreign o	ountry)	12	USA	OF WHAT	COUNTRY
	R'S NAME				14. MOTHER'S A	AAIDEN N	NAME					
		Mitchell				dal:	iza M	. Whit	e			
{Yes, no, or	DECEASED EVER	IN U. S. ARMED FOR	CES? 16		INFORMANT ISS Maud	e B	lades	211 A		nut S		et Md.
gav cous lyin	nditions, if any re rise to imple (a), stating to g cause lost,	he under-	5	Deene Co Dry front CONTRIBUTING TO DEATH BI	mater water to	Z	, SZ	ele	WELL IN	3	son	AUTOPSY
UP EI	ACCIDENT WAS	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCUR					ARIA IIA			DRMED?
	IME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While		PLACE OF INJURY (He factory, street, office I	ome, form	, 20f. (City	or town)		(County)	(Slote)
ACTU SIGN.	ATURE	N. E. SAI	2. 19 ar	1. 17	th occurred at				and a	in the do		decease ed above ATE SIGNE 1-18-0
220. BURI	- (-11)	1, 226. DATE THEREC)F	20c. NAME OF CEMETERY Bethany M				TON (City, town,	ar cour	• •	(Sion	
23. FUNER	AL DIRECTOR'S	SIGNATURE	2	ADDRESS POCOMORE C	2	An REC'I	BY REGIST	RAR 245 REC	ISTRAR"	S SIGNATU	JRE	

may be the dashital or attending physician.

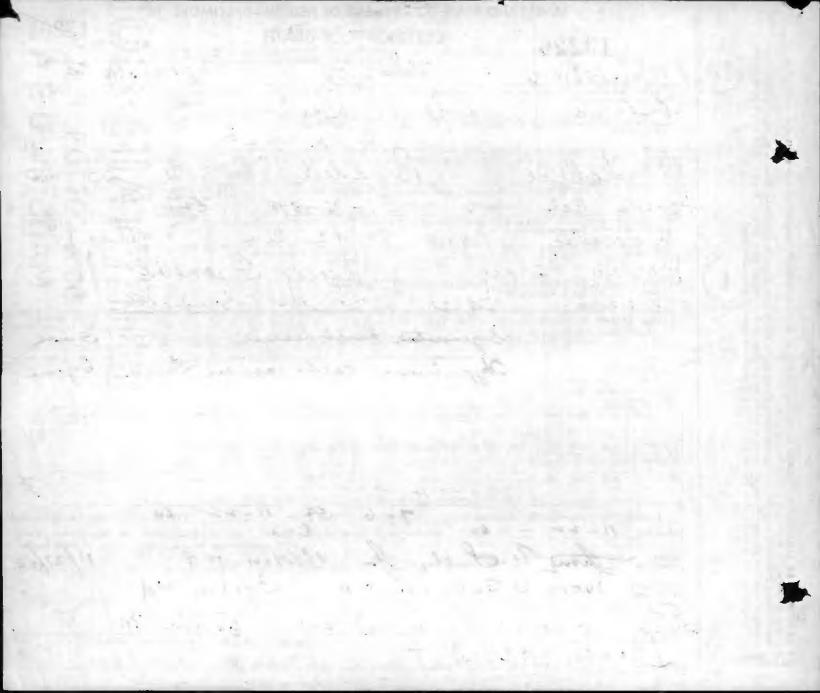
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. urs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 1

TO HOSP VS A15 (4) 15M 10/57



1SM 9/S8

arihun S. Tirsus



DIRECTOR: shauld Ď PUNERAL I page 0

VS A15 (4) 15M 9/88

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

0

22g. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Bethe ADDRESS

240. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

(State)

(County)

e. IS RESIDENCE

Day

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

ON A FARM?

YES NO NO

Yeor

1960

DATE

24b. REGISTRAR'S SIGNATURE arthur & thous Janky morning a service of the property of the

s after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho

TO HOSPIT

VS A15 (4) 15M 11/11B

CERTIFICATE OF DEATH

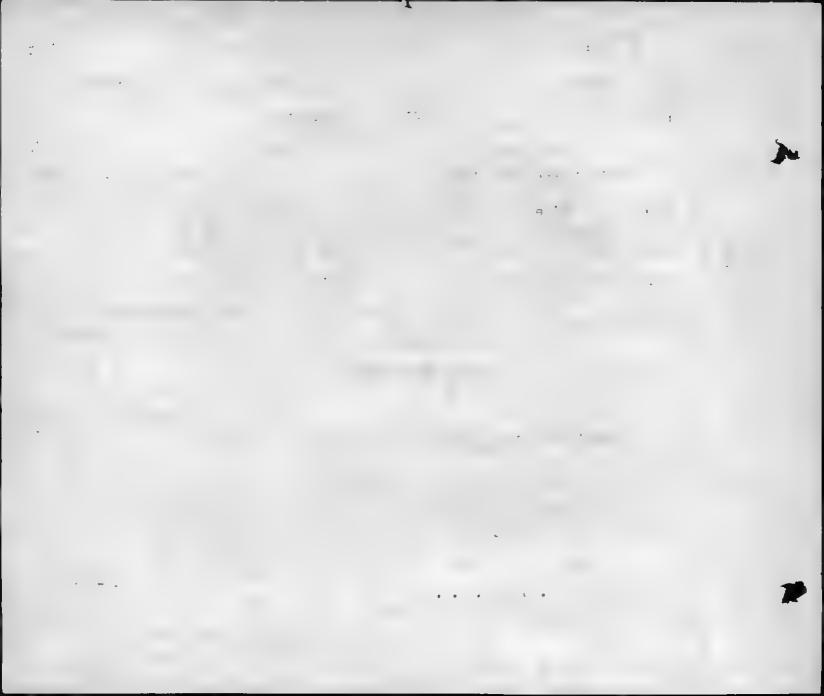
13997

1.0%			"	Reg. L	ist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WI		. If institution: Reside	nce before admission)
Wareaster	MARYLAND	Mary	land	Wor	ester
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16	C CITY OR TOWN (IF			
RURAL and give nearest town)	All hid life	Berlin			
d. NAME OF HOSPITAL (If not in hospital, give	1 000 0 000 0000	d. STREET ADDRESS			e. IS RESIDENCE
OR INSTITUTION	and oddiess;				ON A FARM?
Flewer Street		Flewer St	reet		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) John	M. Brittingham	C.	DEATH	11	23 19 60
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years IF UNDE	R I YEAR IF UNDER 24 HRS
h.e	IDOWED TO DIVORCED	3/19/1884	los	birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work don	-		os foreign country	76 yrs.	TIZEN OF WHAT COUNTRY
during most of working life, even if retired)	TOB. KIND OF BUSINESS OR HADD	SIKI III. BIKITI DACE (SIGIE	or roleigh county,		
Laberer	Canning	Marylan		U	54
3. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
Charles Brittinkham		Maggie	Purnell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT		Address	
(Yes, no, or unknown) (If yes, give war or dates of service)		umway Brittin	chem. Fl	wer St :	Berlin, Md
i name			3		
18. CAUSE OF DEATH [Enter only one couse	per line (0), (b), and (c).	2.	00		ONSET AND GEATH
PART I. DEATH WAS CAUSED BY:	engestive	near	torlen	<u> </u>	2 day
1442 X DUE TO	0,0	0		Dr.	_ /
Conditions, if ony, which }	The mentions	· · Cando	and and a	- who	6 ren
gove rise to immediate	- gusara	4		y vu	10
couse (a), stating the under-	0 1				
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDIT					YES NO
	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of	item 1B.)	
20a. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	1005 1014 1-	h	(5)
20c. TIME OF INJURY Month, Doy, Year Hour o. m. P. m. 19	While Not while for	ctory, street, office bldg., etc	:.)	wn)	(County) (State)
∑ p. m. 19	of work of work				
21. I certify that I attended the de	ereased from 125	1954 to /	11-21	196 Othat	ast saw the deceased
alive on 1/ - 2-/		occurred at 7:300	AA form it .		
dive on	1792, and mar dearn	occorred gix 7 3-17			ie date stated above
LACTURE OI.	-0 0	(B.	ADDRESS (Street	any or town, store;	DATE STOTNE
SIGNATURE COM (· Dully/ of	M.D. Gec	lun,	VIOL	1/1/2/6
Bland of Andre					
PHYSICIAN'S NAME (Type) IVORY U. Sun	, Berlin Marylan				
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d LOCATION	City, town, or county)	(State)
REMOVAL (Specify)					(arara)
Burila 11/26/60	Evergreen C		Berli		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGISTRAR'S S	IGNATURE
Thernton B. Jolley, Sai	lisbury, Md	DAMON	3 0 '60	Carthur &	Knaug

MATERIAL PROPERTY AND ADDRESS OF THE SECONDARY TRANSPORT TO A CONTRACT OF STATE OF THE CONTRACT OF STATE OF THE CONTRACT OF STATE OF THE CONTRACT OF THE CONT F. Printer An artist to all the Park the Built of the St. . . . Therefore I. July Salar-Ty

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If 'nstitution: Residence before admission) e. COUNTY a. STATE b. COUNTY WORCESTER MARYLAND Worcester b CITY OR TOWN (if outside corporate limits, . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete Jimits, write RURAL and give neerest town) olr. write RURAL and give neerest town) Vr8 Snow Hill Snow Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State E 323 Market St YES NO 3. NAME OF First Middla 4. DATE Day OF (Type or print) Neale Clayds Brittingham November DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX DATE OF BIRTH 9. AGE (In years (IF UNDER 1 YEAR IF UNDER lest birghdey) .. Months Deys Male DIVORCED WIDOWED [عرو ريا KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 1 an 72 PM3. Pa 13. FATHER'S NAM IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or and yen) (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] along v transit p MINUTES PART I. DEATH WAS CAUSED BY: CEREBRAL ANOXIA IMMEDIATE CAUSE (a) Office **DUE TO** burial 20 Min EPILEPTICUS STATUS Conditions, if any, which (b) gave rise to immediate couse (CI) **DUE TO** [a], sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1 6 19. WAS AUTOPSY PERFORMED? ld be 8 Skull Fracture 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part | or Part || of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH Chief age 3 to buri 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, ' 20f. (City or town) Month, Day, Yeer (County) (Stete) factory, street, office bldg., atc.) While Not While Hour n.m. at work et work OR: F 21. I certify that I took charge of the remains described above, held an Autopsy | . Inspection 4 Inquiry 1 and in my opinion idease execute the certific thould be forwarded to FUNERAL DIRECTO it its designated agent, it Natural causes X death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S Robert C. La Mar. Addrass (Street, city, 154n, or county) DE OF CEMETERY OF CREMATORY 22d LOCATION (gay, lown, or country) JURIAL, CREMATION 1 225 DATE THEREOF (State) <u>_</u> ₽ 0 248. REC'D BY REGISTRAR | 246. ALGISTRAR'S SIGNATURE VS. AISME arthur S. Formers 5M 7/59

MARYLAND STÅTE DEPARTMENT OF HEALTH



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NARYLAND STATE DEPARTME	NT OF HEALTH-BALTIMORE, 18
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	13239 CERTIFICATE OF DEATH	eg. Dist. No. 13205							
Ī	1. PLACE OF DEATH a. COUNTY a. STATE a. STATE	Residence before admission)							
	MARYLAND G. STATE MARY / AND B. COUNTY O	Rcester							
	b. CITY OR TOWN (If outside corporate limits, write RUR) RURAL and give nearest town)	(L and give nearest lown)							
	STOCKTON STOCKTON								
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
	HOME	YES NO 1							
	3. NAME OF DECEASED 4. DATE Month OF	Day Year							
-	(Type or print) LOVIE SEAV FOREMAY DEATH NOV. 5 SEX [6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF	UNDER TYEAR IF UNDER 24 HRS							
1	last birthdoy) W	Sanths Days Hours Min							
-	10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY							
1	during most of working life, eyen, if retired)	USA.							
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	0,0077							
	Toceph BRittingham MARY White								
Ì	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [16, no. or unknown] 1 (II yes, give wor or dates of territal) Address	· ·							
L	NO ifme Bolleton - STock	Klon, my							
	1B. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
-	450,0 DUE TO 6.								
	Canditions, if any, which (b)								
	cause (o), stoting the under DUE TO lying cause last.	•							
	(c)	IN PART NOT 19 WAS AUTOPSY							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?							
-	200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port 1 or Part II of item 18.]	1							
-	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
-	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED At while of work at	(Caunty) (State)							
-	Hour a.m. While Nat while at work at work at work at work.								
-	21. I certify that I attended the deceased from 19 10 10 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19	hat I last saw the deceased							
	alive an, and that death accurred gtM, from the causes and	an the date stated above							
	ADDRESS (Street, CIT) ar telwn, sta	DATE SIGNED							
	SIGNATURE SIGNATURE M.D. SECONDES STATES	14/6B							
	PHYSICIAN'S NAME (Type) N. E. artarius								
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or c	aunty) (State)							
	Bund 11-6-60 FOREMAN CEM. STOCKTOI	V, Ma,							
	- 1 = 14/1 × T - 100 101 0 100 100	AR'S SIGNATURE							
Į	- Cuy us viviginon rule chuster, ou paterior 9 00 Culting	17 S. Threes							

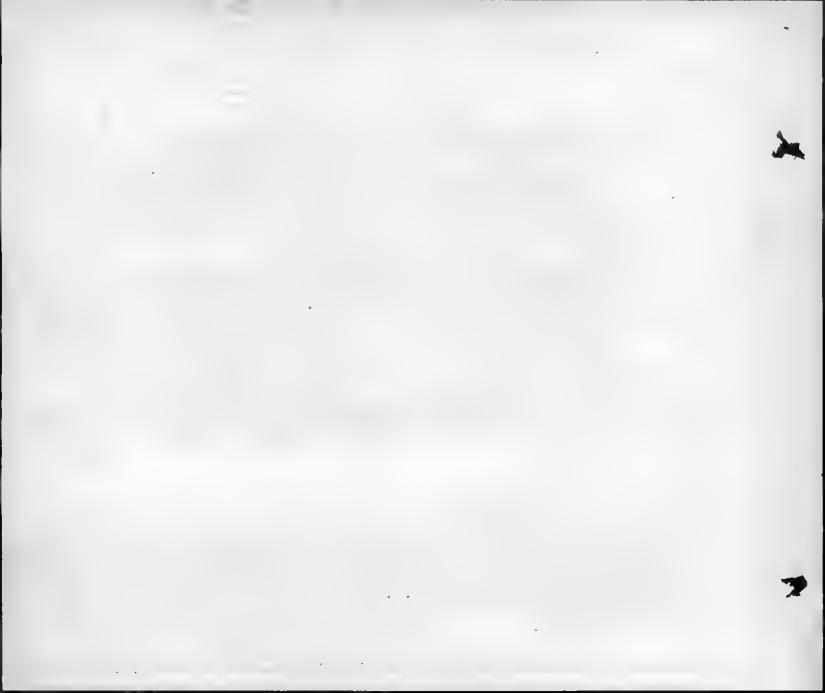


	323	OFICIAL IO		•		Reg. Dist.	No.		
11 - 4	cester	MARYLAND	2. USUAL RESIDENCE (WE STATE Maryl:	_	b. COUNTY		cester		
B CITY OR TOWN (If our RURAL and give nearest POCOMOKE C:		tength of stay in 15	e. CITY OR TOWN (IF &			URAL and give	nearest town)		
OR INSTITUTION	Street	address)	d. STREET ADDRESS	aurel			e. IS RESIDE ON A FA YES N	RM?	
NAME OF DECEASED (Type or print)	ALICE	Middle E •	GODWIN	4 DATE OF DEATH	Novembe		Doy Year		
man to		RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost-birthday)	Months Do	EAR IF UNDER 2	4 HRS	
Female	White woow		Dec.25, 18		OU yrs.				
during most of warking l Housewife	ife, even if retired)	KIND OF BUSINESS OF INDE			ountry)		OF WHAT CO	UNTR	
3. FATHER'S NAME			Delawa 14. MOTHER'S MAIDEN N			US	A.		
Robert (Carlisle			_	eenfiel	d			
5 WAS DECEASED EVER IN	U S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17.	INFORMANT	ia di	Add:				
unk.	i, give wor or dates of service	W	alter F. Go	lt. W	ilmingt	on. De	elaware	٥	
Conditions, if ony, which gove rise to immediate couse (a), stating the under to the to the to the total failure of the terminal disease condition given in part its contributing to death but not related to the terminal disease condition given in part its failure of the terminal dis									
7				.,					
Hour a.m.	Aonth, Day, Year 20d. If While of worl	k ot work	LACE OF INJURY (Home, farm actory, street, affice bldg., etc)		(Coun	(עיוי	(Stote)	
21. I certify that I alive an	Annth, Day, Year 20d. II White of worl attended the decease 19 6 6 cil A. Duv	k of work of form 11-12-	1957, to the accurred at \$27	- 20 M, fran ADDRESS (SI	-, 1960	,,that I last nd an the stote)	saw the de	ceas	

TO HOSPIN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h as after death. Page 4 may be retained by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or remayal, and in any event within 72 haurs, after death.

VS A15 (4) 15M 10/57



FOR STATE HEALTH DEPT.

TO DEPUTY COLOL EXAMINER: This certificate should be executed within 24 hours after death. If any delay imprecessary, please execute that entificate, writing the ward "pending" in penal in them, 18. Give Pages 1, 2, and 3 to the four director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours ofter death.

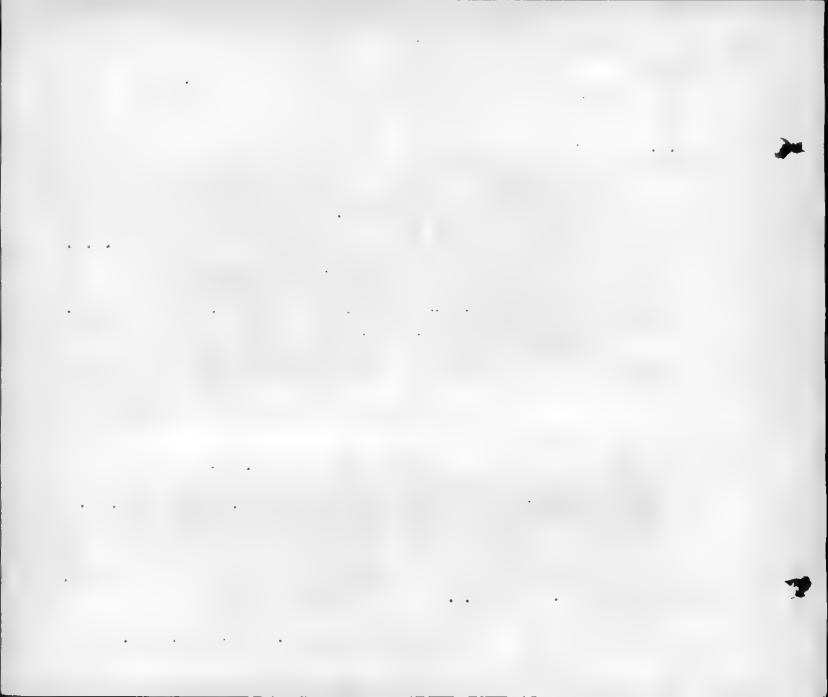
VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13232 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13207

Rea, Dist. No.

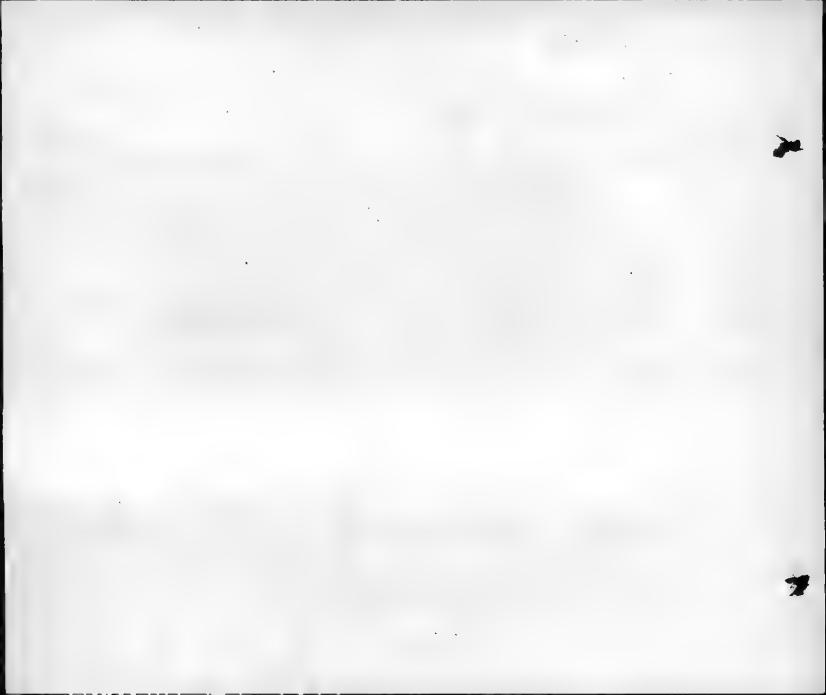
7.	Į, I	PLACE OF DEATH				2. USUAL RE	SIDENCE (W	here deceased li	ved If institutio	n, Kesidence	before odm s	sion)
-6 H,	· °	. COUNTY WO	rcester		MARYLAND	a. STATE	rylan	d	Worce:	stan		
1.5	ь	condigue searest town]	ulside carpatate iimits, wr	RURAL C. LE	NGTH OF STAY IN 16			outside corporat			e neorest tow	n)
1/		Pocomoke	City			X Stor	kton					
		I. NAME OF HOSPITA		f not in hospital, g	give street address)	d. STREET					e. IS RES	SIDERICE
		U.S. 13	High way	r								NO
		NAME OF DECEASED	Fie	r†	Middle	lo	И	4. DATE OF	Month	D	oy Ye	or
	((Type or print) Ed		ace	Gunby			DEATH AND	vember	26	19	.60
	5. \$	EX	6. COLOR OF RACE	7 MARRIED	NEVER MARRIED B	DATE OF BIRT	Н		at beauthodon 1		AR IF UNDE	R 24 HRS
		Male	Negro	WIDOWED 1	DIVORCED [Jan.23		3 6	2 70	fonths Days	Hours	Min
	10s.	. USUAL OCCUPATION	(Give kind of work of life, even if retired)	done 106 KIND C	OF BUSINESS OR INDUST	RY 11, BIRTHP	LACE (State	or foreign countr	γ)	12 CITIZEN	OF WHAT C	CVATRY
		Laborer		Mil	l work		yland			U.	S.A.	
_ `	13	FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME		-t-auto-		
1)	Richard	Ro	lley		Id	.a.	Gunby				
	15. (Yes,	WAS DECEASED EVEL	IN U. S. ARMED FO	RCES7 16, SOCIA	L SECURITY NO. 17. II	HFORMANT			Address			
`		No		218-	05-1872 M	rs.Ida	. Ве	ennett,	Stock	ton,	Md.	
		18 CAUSE OF DEATH	1 [Enter only one cou			-	PW. 89			Tin	TENVAL BETWEE	N
		PART I, DEATH	WAS CAUSED BY:	Cerebra	al Injury (with Her	norrha	ge)		"	NSET OD GEAT	ř.
		8111	DUE TO									
V		Conditions, if an	which) (b)	Depresa	sed left to	emporal	skull	Fractu	re e		0	
		gave rise to immedi (a), stating the ur	ate couse					THE PERSON NAMED IN		- +	7	district the second
		couse lost.	(c)	collisio	on with aut	omobile					0	
	3	PART II, OTHE			UTING TO DEATH BUT N		THE TERMI	NALDISEASE CO	NDITION GIVEN	IN PART 1(0	19. WAS A	UTOPSY
-	CATION	Frac	ture Righ	t ulna							PERFOR	MED?
		20a. EXTERNAL CAUS	E WAS 20	B DESCRIBE HOW	INJURY OCCURRED (E	nter noture of a	njury in Port	For Part II of ite	ım 18 j			
	E E	CAUSE OF DEATH.		Hit by	Automobile	while wa	alking	on hi-	-way			
	3	20c. TIME OF INJURY	Month, Doy, Yea	20d. INJURY	OCCURRED 20e. PLA	CE OF INJURY	Home, form	20f (City or to	wn)	(County)	-	(State)
ge.	MEDI	9°°20; pm	11-26-60	While of work	1 107 101110	ory, street, offici L—शक्य	e biag , erc.)		comoke	City.	Md.	
3		21. I certify the	of I took charge	of the remai	ns described obo		Autopsy					in my
					Accident	OF THE RESERVE OF THE		fomicide [magazini.		-amil	,,,,,
			1 1)-	1/6	0 1.		- 11		, 55	THE THE		
		ACTUAL SIGNATURE	this		a Mar	ALD CHIEF	MEDICAL EX	AMINER [DATE SIG	
		STORATORE /	Count	M. Ar	d -4 -4 -4	ASSIST/	UNT MEDICA	L EXAMINER .		No	v 28,	1960
		EXAMINER'S RO	bert C. La	Mar, M.	D.	DEPUTY	MEDICAL E	XAMINER				
	220	BURIAL, CREMATION	, 276. DATE THEREC	F 22c N	AME OF CEMETERY OR	CREMATORY	T	22d LOCATION	(City, town, or o	county)	(Stote)	
	1	REMOVAL (Specify)	12/2/60	Hic	me Benefi	ctal.	Cem.	Stock		Ma		
		FUNERAL DIRECTOR'S			ADDRESS	The state of the s		BY REGISTRAR	24b. REGISTR	AR'S SIGNAT	TURE	
	1	doar H	aston. ll	7 . 0 m. do	es fa		DATEDE	0.5 '60	, ·	084		
	417		an -vv-		The second secon			4 0V	بمنت في المساور		ر حاليك	



(1324) CERTIFIC	ATE OF DEATH	10497
1 PLACE OF DEATH COUNTY MARYLANI	2 USUAL RESIDENCE (Where deceased lived. If institution Re o. STATE b. COUNTY	esidence before admission)
b CITY OR TOWN (if ours de corporale limits, write RIFAT opd give decrest lown).	1 7/1 - 27 -	and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUT ON	d STREET ADDRESS	e. IS RESIDENCE ON A FARM YES NO
3 NAME OF DECEASED (Type or print) Silas	Hancack DATE Month	Day Year
S. SEX O COLOR OR RACE 7. MARRIED NEVER MARRIED MOCKED DIVORCED	Jan 4-1970 90/10/13 Mai	
100. USUAL OGCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IN	steepten, mg	2 CITIZEN OF WHAT COUNTS
13. FATHER'S NAME THE THE HOLD TO AMERICAL!	Vulunda & Haneaux	,
15. WAS DECEASED EVER IN U. B. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 (You, no go unhitrown) (If you, give wer or dates of service)	13-Mallet & Major 143, & Gilles	beit Fine
18. CAUSE OF DEATH [Enter only one couse perfine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	new Hartfart Com.	ONSET AND DEAT
Conditions, if ony, which (b) (correct range	Thrombous	1hr
gave rise to immediate couse (a), stating the under lying couse lost (c) arterno Jel	entre fourt deslaces	e many
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part I of item 18.)	
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e Hour o. m. 19 White Nat while at work at work	PLACE OF INJURY (Home, form, 20f. (City or tawn) factory, street, office bldg., etc.)	(County) (Sto
21. I certify that (1) (this haspita), attended the deceased from sow the deceased drive on 1200 1219, and that	m / 955 19 to / Ort / 7	that (i) (we) in the date stoted above
220 SIGNATURE aul Other	M D ATTENDING THED STAFF DIRECTOR PHYS	22b DATE SIGN
122c PHYSICIAN'S NAME (Type) of Livery Hell	22d ADDRESS	
230 BLRIAL CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERS SEMOVAL (Specify) 4 960 Shirings 4	YOR CREMATORY 23d HOCAT ON (City, town, or con	unty) (Store)
24. FUNERAL DIRECTOR'S SIGNATURE	2 260 REC'D BY REGISTRAR 256 REGISTRAT	R S SIGNATURE

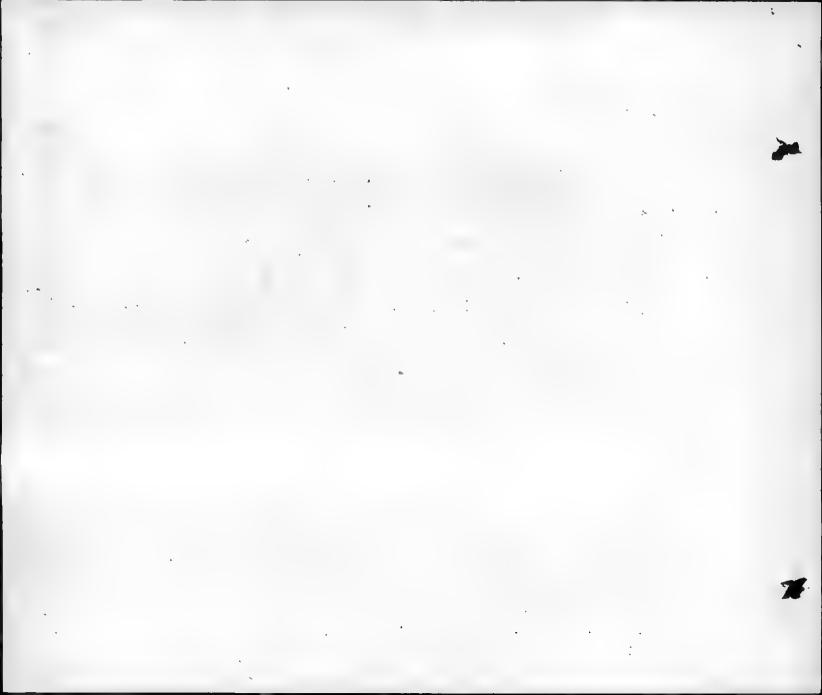
TO HOSPITE, OR ATTENDING PHYSICIAN: The law imagines that the death certificate be executed within 24 had offer death. Page 4 may be reharded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filled with VR A1S (4) 1SM 9/59



1	1			ENT OF HEALTH—BALTIMORE,	13209
"	DE		13236 CERTIFICA	ATE OF DEATH	₹ 0 45 7 Reg. Øist. No.
Poge	S VI	1.	PLACE DOMENTO	2 USUAL RESIDENCE (Where deceased lived If instit b. COUNTY	uttos Residence before admission)
death.	funeral Id be f		CVI OR TOWN (Medisade coporate limits, write RURAL and give neglect town)	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
s ofter	d 2 shou		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e, is residence on a farm? yes \(\) NO \(\)
1 24 hc	es I an	1	NAME OF DECEASED (Type or print) Middle	Lost 4. DATE OF DEATH NO	V. 22 1960
d withir	is Pog	5.7	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B DATE OF BIRTH 9. AGE In year Birthday	rs IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
execute	n poper	100	USUAL OCCUPATION Give kind of work done 1865 KIND OF BUSINESS OR INDU	STAY IT BIPTIPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ate be	orbo	//3.	Pichard J. Heward	Mary J. Juler	
certific	ng phys remay 72 haur	15 (Ya	WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1	Wo liegheth H. Jackan	1 Shmielield Pa
e death	attendi n please within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	0344 Valley View-1	TERVAL BETWEEN
that th	by the it. The		Conditions, if ony, which	lune	2 months
equires	signed it perm nd in or		gove rise to immediate couse (a), stating the under-lying couse lost.		
e law r	as been ial-trans aval, or	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
AN: The	icate ho the buri or remo	CERTIFIC	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18)	110 0 110
HYSICI I ar alle	use as l'mation,	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED to Phone to m. p. m. 19 While of work of work of the control of the	ACE OF INJURY (Home form, 20f (City or town) ctory, street, office bldg., etc.)	(County) (Stote)
DING 1 hospito	After the hed for rial, cre		21. I certify that I attended the deceased from 19.4.5	a occurred of Poor PM, from the causes	Othat I last saw the deceased
ATTEN by the	ECTOR: e detac		ACTUAL POLO GRAD	ADDRESS (Street, city or jow	
O I O	AL DIR		PHYSICIAN'S NAME (Type)	mu	100
HO Jo	poge 3 shouther registrat	1		DEMATORY 1 22d DOCATION ICH JOWN	(Stole)
V5 A1	5 (4)	23/	FINERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS MONTH OF THE MANAGEMENT OF THE PROPERTY OF THE PR		GISTRAR'S SIGNATURE Inthus 2. Kraus
15M 9	/38 -	ياسلا	The surviving 1		

ofter death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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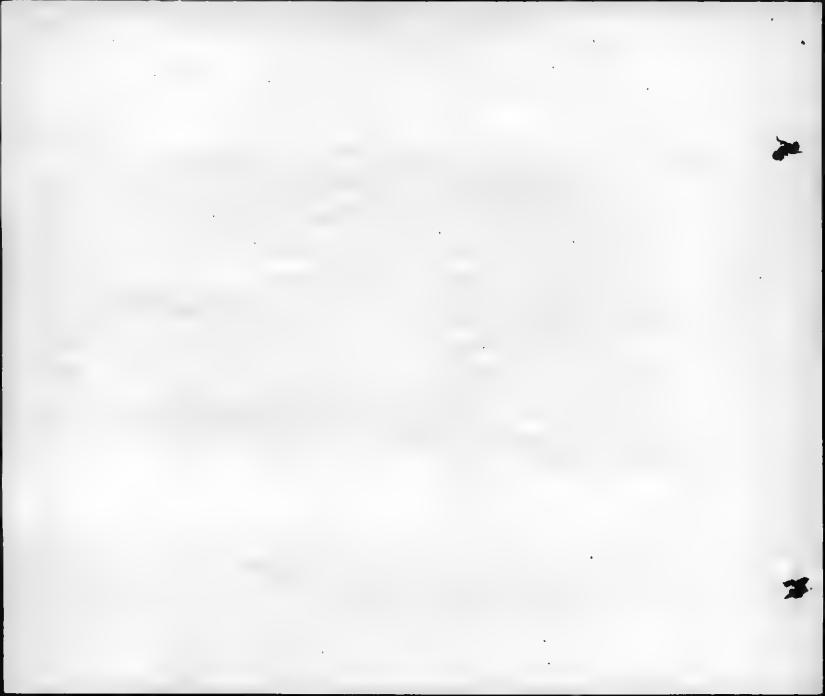
	10241	CERTIFICA	TE OF DEATH		
1. I	D. COUNTY Marcialia	MARYLAND	2. USUAL RESIDENCE (Where Cocedo o. STATE	b. COUNTY	e before gdmission)
	b. CITY Of TOWN (If outside corporate limits, at the food give segrest town)	write c LENGTH OF STAY IN 16	c CITY OR TOWN 7 16 but ude con	porate limits, write RURAL and g	
	d NAME OF HOSPITAL (If not in hospital, giv OR INSTITUTION	re street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print)	Middle	Last Japan DEAT	31.	Day Year 19/50
5	1 201-61	MARRIED NEVER MARRIED DIVORCED	Mach 6-1870	31// 1/1	TYEAR IF UNDER 24 HRS Days Hours Min.
100	USJAŁ OCCUPATION Give kind of work do during most of work ng life, even if retired)	OWH Home	STRY 11. BIRTHPLACE (State or foreign	country) 12.CITIZ	ZEN OF WHAT COUNTRY
	FATHER'S NAME R.	Evans	Meney Sa	nage	
IS.	WAS DECEASED EVER INV. S. ARMED PORC	ES? 16. SOCIAL SECURITY NO. 17. I	is Delly ardes	Diller to	= mil
	1B. CAUSE OF DEATH [Enter only one cou- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	se per ma for (a), (b), and (c).]	a d		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b)_	urema			2 who
7	gave rise to immediate cause (a), stating the under- lying cause last.	WHOUS - and	elerosis GE	neralized	1092
ICATION	Varteur	somema	T NOT RELATED TO THE TERMINAL DISE		PERFORMED? YES NO
AL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED (Enter nature of injury in Port I or I		
MEDICAL	20c TIME OF INJURY Month, Day, Year Haur a.m., p. m. 19		tACE OF INJURY (Home, form, 20f (Cactory, street, office bldg., etc.)	(C	ounty) (State
	21. I certify that (I) (this hospital) saw the deceased olive on //-			m the causes and on the	
	22a SIGNATURE	Cohen	M.D PHYS MED.	STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	A.,	
230	REMOVAL (Specific Transporters of Thereof	6 Mining II	of CREMATORY 230 16	CAT ON (C.IT Jown or county)	(Stote)
24,	ALMERAL DIRECTOR'S SIGNATURE	ADDRESS (DATENOV 1 8	GISTRAR 256 REGISTRATES SIG	

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moy be edge by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Board of Health prior to bur al, cremation, or remayal, and in any eyent within 72 hours after death. 28 ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hc TO HOSPI VR A15 (4) 15M 9/59

ofter death. Page



er death. Page 4

the attending physician and campletely filled in by the funeral director. Then please remave carbon papers. Pages 1 and 2 shauld be filed with may be reforded by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, ar removal, and in any everywhere 72 hours offer death.

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has TO HOSPITA VR A15 (4) 15M 9/59

ECTIVOR TOWN (if outside corporate limits, write RURAL and give nearest town) POCOMOKE CITY d NAME OF HOSPITAL (if not in hospital, give street address) ANAME OF HOSPITAL (if not in hospital, give street address) ANAME OF HOSPITAL (if not in hospital, give street address) DECRASED First Middle V. James DET Month Day Year No Vember 19 196 SEK A COLOR OR RACE 7 MARRIED NEVER MARRIED BATH SEK NO NA FARM VIPO OPINITY SEK A COLOR OR RACE 7 MARRIED NEVER MARRIED BATH DIVORCED Feb. 16, 1881 TO 9 ACE (in year) IF UNDER 1 YEAR IF UNDER 2 AMONTH DOWN HOUSE MARRIED TO BE ALL SECURITY NO. 17. INFORMANT NO DIVORCED FEB. 10. NAME GEOTIC H. James 14. MONTHER'S MADE AGGE (in year) IF UNDER 1 YEAR IF UNDER 2 AMONTH DOYS HOURS MADE AMONTHS NAME GEOTIC H. James 14. MONTHER'S MADEN NAME GEOTIC H. James 15. WAS DECEASEDEVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO DIVORCED FEB. 10. INFORMANT Address MARY Land 15. WAS DECEASEDEVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO DIVORCED FEB. 10. INFORMANT Address MARY LAND LECTASCHERE HOW IN WAS LAND OF BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO FART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b), DUE TO JUNG COURSED, 150 fighte under JUNG COURSED,	1	PLACE OF DEATH	Worcester		MARYLA	UND	2. USUAL RESIDENCE (WHO O. STATE		b. COUNTY		ce befor	re admiss	ion)
POCOMOKE CITY d NAME OF MOSPITAL (If not in hospital, give street address) ANAME OF MOSPITAL (If not in hospital, give street address) NAME OF MOSPITAL (If not in hospital) B DATE MONTH PORT OF PROPERTY OF A STREET ADDRESS OR INSTITUTION NO A FARM OF A DATE MONTH PORT OF DATE MONTH PORT OF DEATH NOVEMBER 1965 NO A FARM YES NO A DECEASED WILD DIVORCED DIVORCED BOATH NOVEMBER 1966 NOT HOSPITAL OF A DATE MONTH PORT OF MONTH PORT OF WILD DATE MONTH PORT OF	-	b CITY OR TOWN (F	outs de corporate limit		LENGTH OF STAY IN	115					jive nea	rest towr	n)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Home R.F.D.# 2 Box 146 Secretarion A DATE Month Day Year DEATH November 19 1960 SEX OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman 13. FATHER'S NAME GEORGE H. James 14. MOTHER'S MADEN NAME GEORGE H. James 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. or unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS AUTO PERFORMED. OCCUPATION (Give wind of work done done of working life, even if retired) P.R.R. CO. INTERVAL SETURE AMOTHER'S MADE AMOTHER'S MADEN NAME ON SET AND DEA INTERVAL SETIVELY ON SET AND DEA INTERVAL SETIVELY ON SET AND DEA ONSET AND DEA ONSET AND DEA FOR DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address AMOTHER'S MADEN NAME AMOTHER'S MADEN NAME ON SET AND DEA ON SET A							Penemelro	Ø1.4					
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S SEX	3	3. NAME OF	Fire	st	Middle			4. DATE		th	Day	7	Year
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200 ACC DENT WAS UNDERLYING [7] 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18)		PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PEREC	AUTOPSY RMFD?
200 ACC DENT WAS UNDERLYING [7] 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18)		Z C											
(FEITHER, NOTIFY MEDICAL EXAMINER)		200 ACC DENT WA	CAUSE OF DEATH	206. DESCR	IBE HOW INJURY OCC	URRED.	(Enter nature of injury in)	Port I or Port	Il of item 18)				
		3 20c TIME OF NJURY	Y Manth, Doy, Yes	or 20d INJ	URY OCCURRED 20				or town)	(0	County)		(State)
Hour a.m. White Nat while foctory, street, office bldg etc.) p. m. 19 of work of work		Hour o. m.	19			toch L	ory, street, office bidg etc	1					
21 I certify that (I) (this pospital) attended the deceased fram. 1 111 1963 tolks and 90, 1960 that (I) (we)			t (I) (this lessonital				ct 17/1 10	62.10	1-~10)	1 100	A th	at (i) i	wal last
saw the deceased alive on 19. 2. and that death accurred at M, from the causes and an the date stated about				r 14) /		7		he course or				
220 SIGHATURE 220.DA			S I			udi de		1915 11 (200) 3	ne cooses or	id dit me	quie		b.DATE
ATTENDING MED STAFF SIG	ı	1/1	die	2/2-7	ELC I O X	ь м	D PRYS DI	ED RECTOR	STAFF PHYS.				SIGNED
22c. PHYSIC AN'S 22d ADDRESS			1, 1- 5	- 1.					10	- 1	0.	,	
NAME (Type) M. C. NONTEY 105 COSLOKE (Ity Ma)	ı	NAME (Type)	11. C. V	BY !	BYLUS		0000	10%		1	Ma	<u> </u>	
230 BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State)	-		N, 236. DATE THEREC)F	23c NAME OF CEMET	ERY OR	CREMATORY	23d LOCATI	ON (City, town,	ar county)		(Stal	e)
Burial 11/26/60 Unionville Cem. Ponomoke city, Md.			11/26/	60	Unionvil'	le	Cem	Ponor	noke ci	ty.	Md		
24 FUNEBAL DIRECTOR'S S GNATURE ADDRESS 250 REC'D BY REG STRAR 256. REGISTRAR'S SIGNATURE	1	24 FUNERAL DIRECTOR'S	S S GNATURE			,				STRAR'S ST	SNATUI	RE	
Edger Ushorton - new church, la DATE 40 28'60 and 8 thomas		Edgar 1	Morton	- ne	Wchwel	7, 0	DATE - DATE	MUY Z 8	60	arthur	8 40		



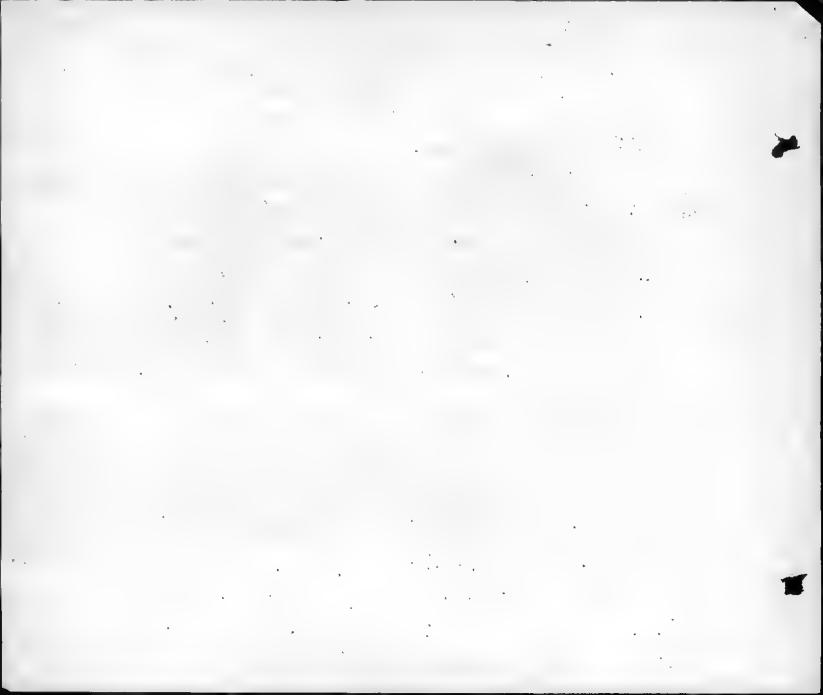
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death: Page



1		13243 CERTIFICATE OF DEATH Reg. Dist. No. 3213	3
h. Poge	1 [DIACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where decesed lived If institut our Registence before odgrission) o. STATE D. COUNTY MARYLAND	ŀ
death	ę	b. CITY OF TOWN (If outside corgotote limits, write RURAL and give nearest town) RURAY and give nearest town) RURAY and give nearest town) RURAY and give nearest town)	
Sport of the full	,	d NAME OF HOSPITAL (If not a hospital, give street address OR NATIFICIAL MANAGEMENT ON A FA YES N	RM?
illed in t		NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH Middle (Type or print) A DATE (Month Day Year OF DEATH) OF DEATH 196	1
d within 2	5.5	SEX 6 COLOFOR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE/In years IF UNDER 1 YEAR IF UNDER 2. White WIDOWED DIVORCED MARRIED 70/7// yrs.	4 HRS Min.
and compl oon papers or death.	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IN-BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY PROPERTY PROPERTY PROPERTY OF WHAT COUNTRY PROPERTY PROPE	NTRY
corbo	13	FATHER'S NAME STORY & Sanding Willia Hedden	
ng physici	15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. NO. OR JAMOS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEQURITY NO. INFORMANY L. no. or JAMOS DECEASED EVER IN U. S. ARMED FORCES. 16. SOCIAL SEQURITY NO. INFORMANY L. NO. OR JAMOS DECEASED EVER IN U. S. ARMED FORCES. 16. SOCIAL SEQURITY NO. INFORMANY L. NO. OR JAMOS DECEASED EVER IN U. S. ARMED FORCES. 16. SOCIAL SEQURITY NO. INFORMANY L. NO. OR JAMOS DECEASED EVER IN U. S. ARMED FORCES. 16. SOCIAL SEQURITY NO. INFORMANY L. NO. OR JAMOS DECEASED EVER IN U. S. ARMED FORCES. 16. SOCIAL SEQUENCE IN U. S. ARMED FORCES. 16. SOCIA	1
ottending of pease re within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] Skinfay Wilmington'S OLL INTERVAL BETW PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ALVTE CORONAPY OCC LUSION 12. H	EEN
that the aby the above the abo		Conditions, if any, which) (b) HYPER TENSIVE CHEROISV BSCULAR DISTANT IN YER	25
equires an. signed iit perm nd in ar		gave rise to immediate couse (a), stating the <u>under.</u> DUE TO lying cause lost. (c)	
physicid as been iol-tran tovol, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES N	ED?
IAN: The ending ficate hithe bur	CERTIF	200 ACC DENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC al or att his certit use as emotion,	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. While Not while at work at work at work	{State
After the After the far the far incl.		21. I certify that I attended the deceased from AUG, 1950, to NOT, 3, that I last saw the deceased alive an 1900, and that death accurred a 500 M, from the causes and an the date stated a	
R ATTEN d by the RECTOR: be detected to be		ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE S ACTUAL SIGNATURE M.D. 10 4 B A 4 S T 11/4/	
E G D E		PHYSICIAN'S NAME (Type) Robert C. LaMar, M. D. SWEWHILL, Md.	
Fun For	3	PUTIAL CREMATION, 226 DATE THEREOF (21) NAME OF COMMETERY OF CHMATORY (22) (SCATION (City 19th, or agonty) (Stote)	1
VS A1S (4) 15M 9/58	23	FUNCENDIRECTORS SIGNATURE APPORESS MAG REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE PLANT OF THE NOV 7 '60 C'ALLER & TOWNS	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



fter death. Page 4%

may be retained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, ar remayal, and in any event, withing 72 hours after death.

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

TO HOSPIT

VR A15 (4) 15M 9/59

	o. COUNTY A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY (STATE)							
	b CATY OR TOWN if outside corporate limits, write RURAL and give hearest fown by the RURAL and give street oddress	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Will Hural ## d. STREET ADDRESS e IS RESIDENCE							
	OR INSTITUTION	ON A FARM? YES NO							
	3. NAME OF DECEASED (Type or print) John Bensamin	OF DEATH THE POST OF 196.							
	15 SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years FUNDER 1 YFAR IF UNDER 24 HRS loss/forthday) Months Days Hours Min.							
	100 USUAL OCCUPATION (BIVE) kind of work done 10b. KIND OF BUSINESS OR INDUSTRI during most of working life leven if repried) The full XIIIII House Paralle	RY 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY?							
	13. FATHER'S NAMES	14. MOTHER'S MAIDEN NAME 2101111 TO MASON							
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFO (1961, no or unknown) (If you, go we want or dates of service)	Morion & Letell Snow Will mit							
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	rang Occlusion Interval BETWEEN							
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying cause lost. Due to Cardinous, if ony, which gove rise to immediate couse (o), stating the under-lying cause lost.	Hie Heart Disisso 5 Ms.							
	/ (4)	OT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? YES NO							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)							
		CE OF INJURY (Home, form, 20f. (City or town) (County) (State) (state) (State)							
	21.1 certify that (1) (this haspital) attended the deceased from TUNE, 1950, to NOVA 16, 1960, that (1) (we) last saw the deceased alive on NOVA 12, 1960, and that death accurred at 2MM, from the causes and an the date stated above.								
	220 SIGNATURE COLUMN SI MAN M	D ATTENDING MED STAFF 11-16-SIGNED PHYS 11-16-SIGNED							
	Robert C. LaMar, N. D.	22d ADDRESS 104 Bay Street, Snow Hill, Maryland							
1	23 DOURIA, CREMATION, 236, DATE THEREOF TO NAME OF CEMETER OR REMOVAL Specify	CREMATORY 23d. LOCATION (City fown, og county) (Stote)							
	24/ UNEXAL DIRECTOR'S SIGNATURE! . ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE PAYOU 1 8'60 CIVILIN 8. KINIA							



22b. DATE SIGNED 25-60

arthur S. Kraus

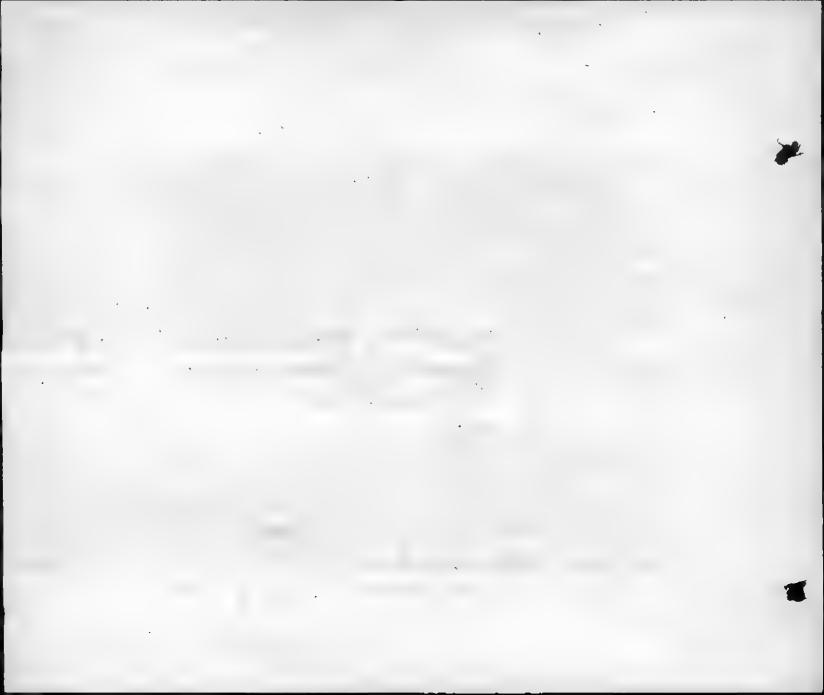
NOV 2 8 '60

t ofter death. Page 4 OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 h

TO HOSP

VR A1S (4) 1SM 9/59

). PLACE OF DEATH o. COUNTY	MODELLO	2 USUAL RESIDENCE (Where dec o. STATE	eased lived. If institution: Residue.	dence before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest-town)	GTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporate limits, write RURAL or	nd give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	<i>*</i>	STREET ADDRESS D		o is residence on a farm? YES NO
3 NAME OF Frst DECEASED (Type or print) ANIE	A, R	Last 4. DA OF DE		Day Year 23 1968
F W WIDOWED	DIVORCED	7 7 1 1 1 1 1 1 1	78 82 yrs. Month	
100. USUAL OCCUPATION (Give kind of work done 10b. KIND C during most of working life, even if retired) +0 USE WIEE OVER	HOME	WILLAR	DS ND	CITIZEN OF WHAT COUNTRY?
FREDERACK MITCHEL	۷	14. MOTHER'S MAIDEN NAME THEODOSI	A WELLS	
S WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL	SECURITY NO. 17 II	RS LESTER BR	Address	BERLIN MO
18. CAUSE OF DEATH Enter only one cause per line for (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT COODITIONS CONTRIE	verative teriose	Heart Se Deart Se Levers NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN F	PART 1(a) 19 WAS AUTOPSY PERFORMED? PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D. (Enter nature of injury in Port I or	r Part II of Item 18)	
		ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	(City or town)	(County) (State
21 I certify that (I) (this haspital) attended the saw the deceased alive an 11-23 1 22a SIGNATURE 22c PHYSICIAN'S NAME (Type) IVON U. SUI	at a	death accurred 3 10M, from D ATTENDING D DIRECTOR	om the causes and an	the date stated above 22b. DATE SIGNED 11 - 25 -
SURIAL 11 26 LU	NAME OF CEMETERY OF	R CREMATORY 23d LO	OCATION (City, town, or count	(Stote)



13216

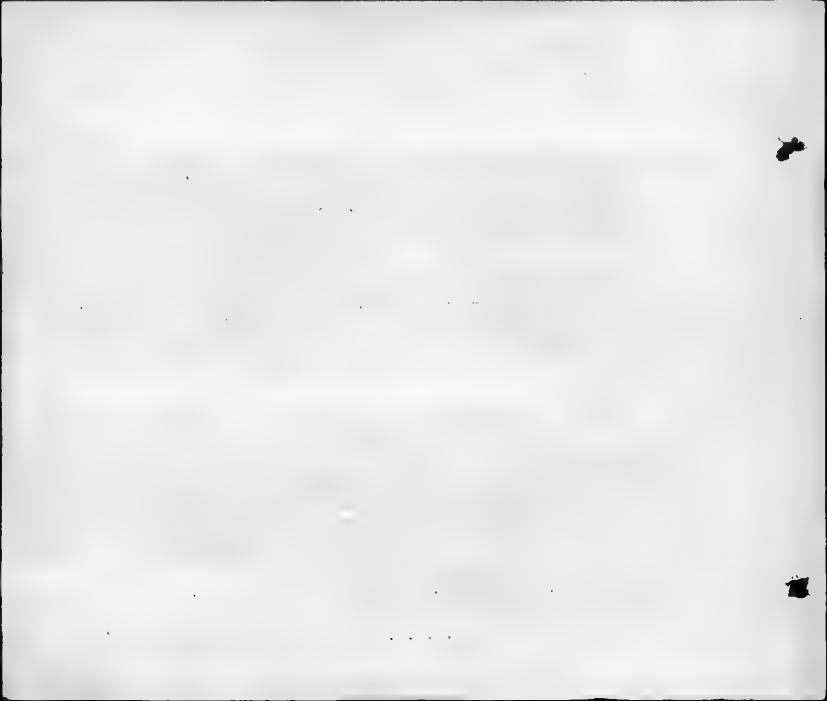
CERTIFICATE OF DEATH

13245				CERTIFICATE OF DEATH					Reg. Dist. No.						
	CE OF DEATH	Worceste	r		MARYLAND		STATE M	aryl		d lived. If b. C	institutio OUNTY	mi Residei ₩Opi	ce befo	re odmin ter	ion)
	ITY OR TOWN (I BURAL and give m Sh Ow	if outside corporate (imit earest town) C11	ı, write	6 LENGTH	OF STAY IN 16	c.	CITY OR TO	OWO IN		rote limits,	write RU	JRAL and	give nec	aresi lowi	1)
	NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi	ve street	oddress)			STREET AD		xx						FARM?
DEC	ME OF CEASED pe or print)	ORLANDO		MACK	Middle SH	œki	EY losi		4. DATE OF DEATH	Not	Month	7	Do		160
5. SEX Ma	ale	6. COLOR OR RACE White	7. MARR		R MARRIED []	B. DAT	FOR BIRTH	187	5	9. AGE (III		Months	Doys	IF UNDI Hours	R 24 HRS Min.
10o, U di	SUAL OCCUPATION OF WORLD	ON (Give kind of work d king life, even if retired) OT	one 10b		SINESS OR IND			ce (Stote o		ountry)		12. CI	US.		COUNTRY
13. FA1	THER'S NAME					14	MOTHER'S A								
	Jo	hn Shockl	еу				E	llen	Sho	ckley	7				
15. W/ Yes. no		R IN U. S. ARMED FORG III yes, gave were or dutes of se XX		SOCIAL SECU 20 – 09-		inform Vrs.		th P	alme	r	Sho	 Pwel:	1, 1	Ma.	
c 1:	Conditions, if a gave rise to it ouse (a), sloting ying couse lost.	mmediate the under-		Lyp	sert	Rob	Join	***							
CERTIFICATION		HER SIGNIFICANT COND			IS TO DEATH BU							EN IN PAI	RT 1(o) 1	PERFO	NO
	R CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER	200 063	CKIBE HOW I	NJURT OCCUR	CED. (ENF	er noture of	injury in r	orr i or Por) II Of Item	10 1				
MEDI	Hour o.m.	Y Month, Day, Yea	While of wor	rk 🔲 of work	il·o	oclory, I	F INJURY (H	bldg., etc.)				County)		(State)
O A SI	L Certify the	tell Dr. C	_, 12_ 	2 pt	E. Sch	th occi	irred at:	FZA	_M, from	m the co	or lown, s	nd on t	last so the da	te state	deceosed and above
220 B		11/21/6		1	OF CEMETERY	OR CRE	MATORY		22d. LOCA B 1	fion (City,			Md.	(Stot	e)
	WERAL DIRECTOR		1	DORE		le x	$A \cup U \cup A$		2 2 16			TRAR'S SI			

TO HOSPITED BY ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be reflected by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to specially the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55



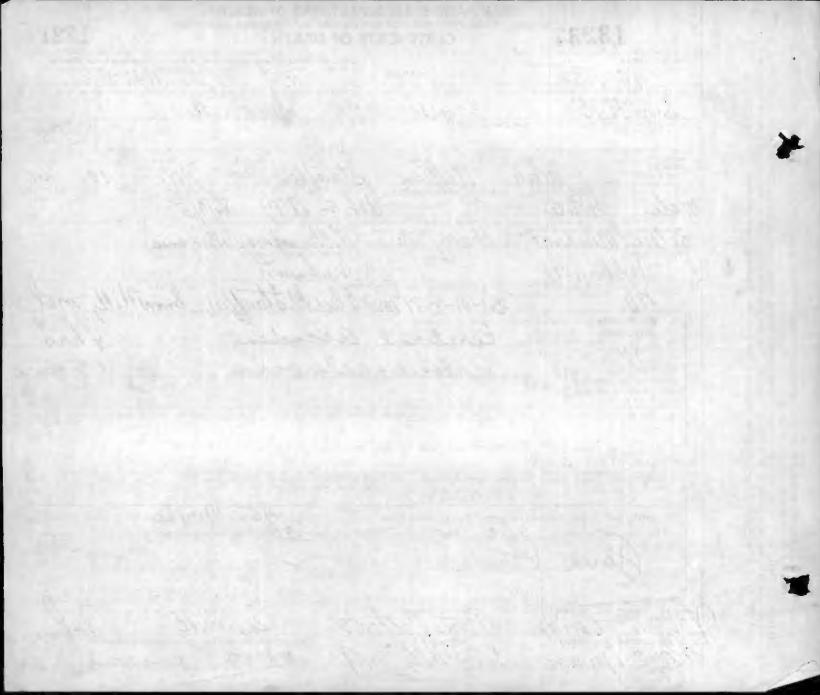
VR A15 (4) 1SM 9/S9

ARYLAND	STATE	DEPARTMENT	OF	HEALTH

13237 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CE	RT	IFI	CA	TE	OF	DE	ΔΤΙ	н

1.	o. COUNTY // Creisly	MARYLAND	2. USUAL RESIDENCE (Where deceased li	b. COUNTY (Available)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give incress form)	30 411	c. CITY OR TOWN (If pourside corporat	fimits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	8. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	William	Stauffer 4. DATE OF DEATH	Month Day Year 1960
7	nale white widow	ED DIVORCED	let. 5- 1874 80	AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
3	a. USUAL OCCUPATION (Give kind of work done 10b. dyring/mostraf working life, even if retired)	Charey Stare	TRY 11, BIRTHPLACE (State or foreign cook	12. CITIZEN OF WHAT COUNTRY?
)/	the burrows	4	Unbuowy	A
15	. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. es. no. or uningleme) (If yes, give war or dates of service)	11-01-4679 m	Valsie Stauffer	J. Snow Hill, md
	18. CAUSE OF DEATH [Enter only one couse per le PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Perelval	accident	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (o), storing the under-lying couse last.	asterio-	oclerosis	15 year
NOITEDIATION	PAST II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Port II	of item 18.)
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. White p. m. 19	Not while fac	ACE OF INJURY (Hame, farm, 20f. (City and tary, street, affice bldg., etc.)	r tawn) (County) (State)
	21. I certify that (I) (this haspital) atten-	. /	a 77	the causes and an the date stated abave.
	220. SIGNATURE ON	0	M.D. PHYS. DIRECTOR	22b. DATE STAFF SIGNED PHYS.
	NAME (Type) Paul Cohen		22d. ADDRESS Snow Hill	, Naryland
1	REMOVAL (Specify) AN 13/60	Dales / Will	CREMATORY 230 POCATION	N.C. (Stote)
12	LLUE Dumes S	ADDRESS / 7	250. REC'D BY REGISTRA DATENOV 1 4 '60	256, REGISTRAR'S SIGNATURE Caribus & Khara



VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE.	18
					-

19002 CERTIFICATE OF BEATH

	3634	CERTIFIC	AIE OF DEAT	П		Reg. D	list. No.		
	cester	MARYLANI	Merry	vhere decease	ed lived. If instituti b. COUNTY		rnce befor		
b. CITY OR TOWN (III RURAL and give ne Pocomoke		18 years	1.3	outside corpo		URAL ond	give nea	irest taw	n)
d. NAME OF HOSPITA OR INSTITUTION 704 Secon	At (If not in hospital, give street d Street		d. STREET ADDRESS	Secon		t		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First HARRY	Middle FULLER	WALLS	4. DATE	Novembe		12	-	Yeor 1960
s. sex Male	6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH March 18.	1879	9. AGE (In years lost birthday)	Months	Days		ER 24 HRS. Min.
100. USUAL OCCUPATIO during most of working Merchant	N (Give kind of work dane 10b. ing life, even if retired)	KIND OF BUSINESS OR INC all Clothir			country)	12. CI	TIZEN O		COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN				ODZI		
Samuel I	. Walls		Emma	Lambd	len				
	IN U. S. ARMED FORCES? 16. If yes, give wor or dates of service?		INFORMANT Vrs Hattie M		704	e"Sec	ond	St	reet
Conditions, if an gove rise to in cause (a), stating t lying couse last.	he under-		COTIC VASC	ULAR) SE	SE /.	5 V	EARS VEARS
200. ACCIDENT WAS	ER SIGNIFICANT CONDITIONS C S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)		UT NOT RELATED TO THE TERN			EN IN PAG	PF 1(a) 15	PERFO	AUTOPSY DRMED? NO
20c. TIME OF INJURY Hour a. jt. p. m.	Month, Day, Year 20d. In While of world	Nat while	PLACE OF INJURY IHome, fore factory, street, affice bldg., eli	c.) !			County)	CEST	(State)
21. I certify that I attended the deceased from OCT. 26, 1957, to NOV.12, 1960 that I last saw the olive on OCT. 13, 1960, and that death occurred of 12 AM, from the causes and on the date state ADDRESS (Street, city or town, state) ACTUAL SIGNATURE COMPART HAMILTON POCOMOKE CITY, MD. PHYSICIAN'S C. STANFORD HAMILTON POCOMOKE CITY, MD.									
220. BURIAL, CREMATION REMOVAL (Specify) BULLAL	11-14-60		oxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		son, No	1.1	Car	(State	e) na
THEMS	4. 1011	comoke Cit	Las Ma	D BY REGIST		TRAR'S SI			

